Bolton Clinical Commissioning Group

Co-Commissioning Primary Care – Update to Health & Wellbeing Board

1. Introduction & Background

1.1. In May 2014, Simon Stevens invited CCGs to come forward to take on an increased role in the commissioning of primary care services. The intention was to empower and enable CCGs to improve primary care services locally.

1.2. In June 2014 NHS Bolton CCG expressed an interest in Co-Commissioning General Practice in Bolton with NHS England.

1.3. NHS England have responded to confirm they judge Bolton CCG to be 'ready now' to co-commission General Practice. .

1.4. Despite the confirmation of Bolton CCG's readiness, a further set of submissions and approvals has now been outlined. Guidance is now starting to come through, which is summarised in this update.

1.5. Bolton CCG is already working on some innovative and exciting proposals to improve General Practice. These have attracted support and praise from NHS England colleagues and are now influencing work across Greater Manchester. To implement these proposals for a Bolton Quality Contract in April 2015, the decision will be needed soon and potentially ahead of the new timescales proposed by NHS England.

1.6. The commissioning of dental, community pharmacy and eye health services is more complex than general practice with a different legal framework. As such, our emerging thinking is that it is out of scope although we may review this at a later date.

2. Benefits of Co-Commissioning

2.1. The overall aim of primary care co-commissioning is to create a joined up, clinically-led commissioning system which delivers seamless, integrated out-of-hospital services based around the needs of local populations.

2.2. The Commissioning strategy of Bolton CCG is to invest in improved capacity in community and primary care, in order to reduce demand on hospital care. With the limited growth in commissioning resource in NHS, this resource needs to be provided from the shift in care from hospitals. Without being able to influence and direct the improvement in General Practice that is needed to support our overall strategy and our local integration plans, we will not successfully achieve the shift in resources and will continue the cycle of paying for tariff to the detriment of more proactive care.

2.3. General Practice has been placed at the centre of the Integrated Neighbourhood teams being rolled out this year under our joint plans with Bolton partners, so it is important there is a local role in specifying and commissioning the role of General Practice in this.

2.4. The potential benefits of co-commissioning are:

- More optimal and locally-led decisions to be made about how primary care resources are deployed (whether these are new resources or redeployment of resource from levelling of contractual payments planned by NHS England)
- Improved provision of out-of hospital services for the benefit of patients and local populations, giving greater opportunity to deliver the CCG Commissioning Strategy and Bolton Health and Wellbeing strategy
- A more integrated healthcare system that is affordable, high quality and which better meets local needs;
- A more collaborative approach to designing local solutions for workforce, premises and IM&T challenges.

3. NHS England Proposed Primary Care Commissioning Models

3.1. A joint CCG and NHS England group—the primary care co-commissioning programme oversight group—has been set up to work in partnership to design and agree with CCG leaders the practical next steps towards co-commissioning. The group are developing a '**Next steps towards primary care co-commissioning**' document which aims to provide the clarity and transparency around co-commissioning options that CCGs have called for.

3.2. The primary care co-commissioning programme oversight group are currently proposing three main forms of co-commissioning for CCGs to take forward:

- **Model 1: Greater involvement**
  - CCGs collaborate closely with their area teams around primary care commissioning decisions, particularly with regard to CCGs' duty to improve the quality of primary care. No change to current arrangements.
  - No new governance arrangements would be required for this model

- **Model 2: Joint commissioning**
  - The majority of CCGs have expressed an interest in joint commissioning responsibilities.
  - A Legislative Reform Order (LRO) has been passed to enable CCGs to create joint committees with each other and with NHS England from 1 October 2014.

- **Model 3: Delegated arrangements**
  - Delegated commissioning offers an opportunity for CCGs to assume full responsibility for commissioning primary care services (for 2015/16 the scope will be general practice commissioning).

- The primary care co-commissioning programme oversight group are proposing that a CCG wanting to take on delegated functions, take on all of the following:
  - GMS and PMS contracts;
  - Enhanced services (GP and Pharmacy 'LES' and 'DES');
  - Property costs; and
  - QOF.
- CCGs are unlikely to take on revalidation and performer's list. There are mixed views about CCGs taking delegation of individual and practice performance management aspects of contract management.

3.3. The NHS England Co-Commissioning Implementation Timetable is appended.

4. NHS Bolton CCG Intended Scope of General Practice Co-Commissioning

4.1. It is important to note that Bolton CCG already undertakes some direct commissioning from General Practice, for example through Local Enhanced Schemes and through our in-year innovation fund projects.

4.2. CCG involvement in commissioning primary care is needed to influence the place-based commissioning agenda the required local integration of services. It is also clear that CCGs are the expected source for revenue funding for any implications of these place based solutions. The CCG Board will be aware that NHS England has no additional revenue resource for General Practice this year. The lack of capital investment in General Practice for 2 years due to inability of NHS England to approve revenue consequences has held back our transformation already.

4.3. In Greater Manchester, we have developed a framework (appendix 2) amongst CCGs to support the discussion of co-commissioning with NHS England. On this framework, attached, we would already place much of our work at step 3. This is where we would see the scope of our formalised co-commissioning activity.

4.4. We have already discussed with Area Team colleagues our ambition to provide a contract **- The Bolton Quality Contract -** for General Practices that would deliver a step-change improvement in standards over core GMS/PMS and reduction in variation in quality for a guaranteed income level.

4.5. The expected benefits of the raised quality standards in General Practice include better population health, improved quality of care, improved value for money and improved patient experience.

4.6. The CCG is currently engaging with Practices, with HealthWatch and with partners on the quality standards to be included within this contract. They include:
- improving responsiveness of General Practice access,
- improving patient experience,
- improving the safety of prescribing and reducing waste of medicines and

- ensuring consistent, high quality care of people with long term conditions

4.7. It should be noted that the standards we aim to include would require co-commissioning with Bolton Council and Public Health England and discussions have already commenced with these partners.

4.8. The proposals for a Bolton Quality Contract have received a positive response due to its fit with delivery of the benefits in the GM Primary Care strategy and NHS England's 'call to action' as well as its potential to deliver a co-commissioned resolution to the planned NHS England PMS contract review.

4.9. The support we would expect from NHS England in this process would be:

- to share the financial detail of each Practice contract in Bolton
- provision of support on contracting methodology and options for the CCG to decide upon
- define appropriate payment mechanisms and support the process for this
- support the development of a business case
- support a process of practices submitting clear plans to meet their new contract and judging these plans
- support the CCG with ongoing contract monitoring and performance management

4.10. We would not see the CCG co-commissioning at level 4 of this GM framework. There are clear statutory accountabilities which NHS England is best placed to assure delivery on, such as safeguarding and the contract performance and individual contractor performance issues in General Practice. There is already a draft memorandum of understanding in place amongst GM CCGs and the Area Team on where quality issues in primary care should be handled, outlining when CCGs should lead and when NHS England is responsible and we would expect to formalise this.

4.11. Engagement with member Practices in July and in October 2014 indicates:

- Support for co-commissioning of the scope outlined in this section
- Support for the intention to invest in a consistently higher standard of General Practice through the Bolton Quality Contract
- Support that a joint committee with NHS England can be provided for in the CCG Constitution (with comments made about membership, etc)

4.12. Greater Manchester CCGs are working together to agree common standards and funding streams for primary care improvement to support the transformed system of health care. Bolton CCG's work on the Bolton Quality Contract is well regarded and being used as a start point to influence this wider planning.

5. Conflicts of interest

5.1. CCGs already handle conflicts of interests (COI) as part of their day to day work. However, it is likely that co-commissioning will lead to an increased number of COIs for CCG governing bodies and GPs in commissioning roles.

5.2. COIs are a matter of public interest, and it is also in the interest of the profession and the CCG that this issue is robustly and transparently handled.

5.3. A national set model of minimum standards that can be adapted locally are being proposed.

5.4. Bolton CCG already has a clear conflicts of interest policy and applied it when practice bids against our innovation fund were considered. In this case, we used a panel including external CCG, HealthWatch, lay and NHS England membership and decision making through our committees set up to handle conflicts without GPs present.

5.5. We would expect to co-commission with NHS England in a way that evidences to our local population, our partners and our GP members that joint decisions have been fair and appropriate and a formal co-commissioning relationship with NHS England would support this.

6. Managing risk to the CCG and to Bolton

6.1. In order to make an agreement with NHS England to co-commission general practice to deliver our strategy in Bolton, the following issues would need to be clarified:

- We would expect to be truly able to co-commission based on a clear place-based budget;
  - the CCG would expect the Bolton General Practice commissioning budget to be delegated to our responsibility or to a joint committee with decisions on how that is directed and the standards to be set led locally under clear co-commissioning governance
  - we would expect any savings made in this budget through review of APMS or PMS (General Practice) contracts to be kept in Bolton
  - for any growth money to NHS England in primary care commissioning, we would expect a transparent process across GM CCGs for how this would be allocated by NHS England
  - we have sought assurance that primary care resource will not be taken by NHS England to cover specialist commissioning or other similar overspends by NHS England

- We would expect to clarify where the statutory accountabilities for primary care would sit
  - A clear memorandum of Understanding the links the accountability, responsibility, support & resource from NHS England will be required by the CCG

- We would expect a clear agreement on the resource available to the CCG in finance and in skill from NHS England to support this role;
  - Seeking a proportion of the Area Team resource is unlikely to provide an effective commissioning function for primary care in Bolton – the GM Area Team is not resourced to undertake its primary care commissioning responsibilities now, due to the size and complexity of Greater Manchester and this will be further impacted by the Organisational Alignment and Capacity Programme (OACP)
  - Responsibilities cannot be delegated without appropriate resource
  - Responsibilities cannot be delegated just because the resource is not available in NHS England to deliver those responsibilities effectively. This simply hands over an ineffective system.

7. Next Steps

In order to implement a Bolton Quality Contract for General Practice from 1st April 2014 through co-commissioning, the following steps are required:

7.1. Complete the engagement with Practices, HealthWatch, and partners on the draft quality standards

7.2. Provide a clear business case with NHS England for CCG investment in the Bolton Quality Contract

7.3. Set up a joint committee with NHS England and other relevant commissioning partners to agree the case for and contractual terms of the Bolton Quality Contract

7.4. Formally alter CCG Constitution and governance arrangements to reflect comments from members and NHS England guidance

It should be noted that, while NHS England are due to provide more clarity on the different co-commissioning models and governance arrangements, the timescales for Bolton CCG to take clear and transparent decisions on the priority co-commissioning task will to require arrangements to be put in place prior to formal national arrangements aimed for sign-off February 2015. This will be done with guidance and support of our Greater Manchester Area Team Director of Commissioning, Rob Bellingham.

8. Recommendations

The Health and Wellbeing Board is asked to note this update and comment on the best approach to engaging all partners as this agenda develops.

Name of person presenting the paper: Su Long
Title: Chief Officer
Date: 20 October 2014

Appendix 1 – Implementation Timetable

<table>
<tr><th>Co-commissioning form</th><th>Nov 2014</th><th>Dec 2014</th><th>January 2015</th><th>February 2015</th><th>March 2015</th><th>April 2015</th></tr>
<tr><td>Greater involvement</td><td colspan="6">Take forward arrangements locally</td></tr>
<tr><td>Joint commissioning</td><td rowspan="2">CCGs work with their membership and area team to consider and agree the preferred co-commissioning arrangement for 2015/16.</td><td colspan="2">30 Jan: CCGs are invited to submit proposals to their regional office.

Please note that constitution amendments which relate solely to joint commissioning arrangements will also be accepted at this point.</td><td>NHS England works with CCGs to review and approve their submissions.</td><td>Local Implementation by CCGs with their area team</td><td rowspan="2">1 April: Arrangements implemented and go-live</td></tr>
<tr><td>Delegated commissioning</td><td colspan="2">5 Jan: CCGs are invited to submit proposals to england.co-commissioning@nhs.net

During January, NHS England will work with CCGs to ensure that proposals are ready for sign off.

Please note that constitution amendments which relate solely to delegated commissioning arrangements will also be accepted at this point.</td><td>16 Feb: Proposals are signed off by an NHS England Committee (likely to be the proposed new Commiss-ioning Committee)</td><td>Local Implementation by CCGs and their area team</td></tr>
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Appendix 2 – Greater Manchester Co-commissioning Framework

This describes a potential framework but acknowledges that CCGs may choose to bid for different elements. Some CCGs may also wish to develop plans for local optometry, pharmacy and dental services, recognising that the statutory responsibility for these (e.g. Pharmacy Needs assessment and contracts) remains with the AT. CCGs may wish to develop their own co-commissioning 'escalator' for these.